

Louisiana Department of Children and Family Services

LaCarte Card Program

CARDHOLDER ENROLLMENT/UPDATE FORM

Section 1 For Enrollment		<input type="checkbox"/> New To LaCarte <input type="checkbox"/> Re-Apply <input type="checkbox"/> Update (See Section 2)		TO BE COMPLETED BY CARDHOLDER	
Name (26 spaces - Must be legal name as it appears on Soc. Sec. card and in Payroll)					
Cardholder's OFFICE E-Mail Address (E-mail name Must match legal name on LaCarte Card)					
Cardholder's Civil Services Job Title CW Related -- Yes <input type="checkbox"/> No <input type="checkbox"/>					
Region/Parish/Office (Names do not use #'s)	Region	Parish		Office	
Division Name	<input type="checkbox"/> Administrative and Executive Support <input type="checkbox"/> Prevention and Intervention Services <input type="checkbox"/> Community and Family Services <input type="checkbox"/> Operations		Employee ID Number	Will this card be used for client purposes only? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business Address (For Billing Statements)					
City, State, Zip					
Business Telephone (needed to activate card)					
Business FAX Number					
Reconciliation Approver (Name)					
Reconciliation Approver (E-Mail Addr)					
Section 2. Update Information		To Be Completed by Cardholder or Supervisor			
Action Requested (check)		<input type="checkbox"/> Other – Briefly Explain			
		<input type="checkbox"/> Name Change – Print or type name below as it will appear on card:			
		<input type="checkbox"/> Close Account/Delete Cardholder			
		<input type="checkbox"/> Lost Card / Stolen Card (New account needed) <input type="checkbox"/> Damaged Card (Same account – new card)			
		<input type="checkbox"/> Address Change (Make all related changes in Section 1 of this Form)			
Section 3.		Signature of Cardholder			
Signature:				Date:	
Section 4.		To Be Completed by Budget Head and/or Supervisor			
Special Access		<input type="checkbox"/> HOTEL ACCESS <input type="checkbox"/> EMERGENCY PREPAREDNESS <input type="checkbox"/> OTHER:			
I approve the above-named individual's request to change, to delete, or to obtain a LaCarte Card.					
Print Name:		Telephone Number:			
Signature:					Date: